REQUEST FOR ADVANCE OR REIMBURSEMENT OF FUNDS
HAZARD MITIGATION GRANT PROGRAM (HMGP)

TO: **State of California**
 	
         Governor's Office of Emergency Services
         Grant Payments Unit
         3650 Schriever Avenue
         Mather, California 95655
	FEDERAL DECLARATION #: _____
	
	FIPS #: _____ **HMGP Project #:** _____
	
	Project Name: _____
	Applicant Name: _____
	Please mark this box to indicate a change in the Authorized
	Agent mailing address: ☐

We are requesting a reimbursement of funds in the amount of $ _____ be approved in accordance with the following conditions (items 1-5 below).

Type of Payment Requested: [ ] Advance [ ] Partial [ ] Final [ ] Escrow: Closing Date _____

Payment Request #_____

Amount Expended to Date on Eligible Work (Include ALL Expenditures) $_____

1.   Funds shall be credited to a special and separate account.

2.   Funds shall be used *solely* for the work approved in the project application.

3.   Funds advanced, which are in excess of the approved actual expenditures, as accepted by final audit by the State, shall be refunded promptly to the State. *(See obligation letter for details)

4.   Accounting records will be kept which adequately identify the source and application of HMGP funds and be supported by such source documentation as canceled checks, paid bills, payrolls, time and attendance records, contract and subgrant awards, etc. Support documentation of all soft match dollars, such as force account labor and use of existing inventory, shall also be included.

5.   Progress reports shall be submitted to the State on a *quarterly* basis until project closeout. Reports will indicate the status and completion dates for each project funded as per State requirements.

I certify that to the best of my knowledge and belief, the data presented is correct, that all outlays were made in accordance with the grant conditions and that payment is due and has not been previously requested. I further certify that I am the authorized applicant's agent, designated by the above referenced applicant to enter into this agreement for, and on behalf of, said applicant.

An authorized agent on record with OES must sign this document

Authorized Agent Signature: _____   **Date:** _____

Printed Authorized Agent Name: _____   **Email Address:** _____

Title of Authorized Agent: _____   **Phone #:** _____

New Mailing Address Only: _____

For OES Use Only

Obligated Amount: $_____ Expenditures To Date: $_____ Cost Share (50% or 75%): $ _____ Prior Payments Made: $_____ Amount Allowable for Payment: $_____	Date:_____ Reviewer:_____ Title:_____ Date:_____ Approval:_____ Title:_____